

“Mentalization” and the previously mentioned mental disorders and pertinent thesaurus. Articles in English, published since 2010 were considered. A 2-step strategy (first, article screening and full reading) was followed to select articles of interest.

Results: Reading the Mind in the Eyes (Baron-Cohen et al., *J Child Psychol Psychiatry* 2001; 42 241-251) and Movie for the Assessment of Social Cognition (Dziobek et al. *J Autism Dev Disord* 2006; 36 623-636) were the most commonly used tasks to assess ToM. Regarding mental disorders, studies showed deficits in cognitive and affective ToM skills in ASD, SCZ, BPD, MDD and BP. Hypomentalization was mainly observed in ASD and MDD, while BPD and SCZ were featured by errors associated with hypermentalization. Studies in AN and SAD are scarce, but they mainly highlight a cognitive ToM deficit, with hypomentalization in AN and hypermentalization in ASD. In all of them, depressive symptomatology seems to be a critical moderator of ToM performance. **Conclusions:** Although ToM impairments are well described for some mental disorders, more research is needed to reach solid conclusions for others. The use of different and heterogeneous ToM assessment instruments can strongly influence the results of studies. The study of ToM is essential to gain a better understanding of the diseases and to develop effective treatments targeting specific ToM deficits.

Disclosure of Interest: None Declared

EPV0824

The Green-Eyed Monster: A Brief Exploration of the Jealousy Spectrum

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doi: 10.1192/j.eurpsy.2023.2128

Introduction: A feeling as ancient as humankind, having been documented in the Bible, represented by mythological figures and appearing as a recurrent theme in art and literature, jealousy is a complex emotion that is non-discriminatory and often associated with negative feelings ranging from insecurity, suspicion, rage, fear to humiliation. Commonly associated with romantic relationships, it typically arises when one perceives a threat, either real or imagined, from a third party in regards to possession or perceived security. Jealousy, like other aspects of the human experience, varies in its expression and intensity, ranging from an adaptive response to a potentially dangerous psychopathological symptom.

Objectives: The authors aim to describe jealousy and discuss the spectrum on which it appears, ranging from an adaptive response to a psychopathological manifestation.

Methods: A brief non-structured literature review was carried out with recourse to various databases such as *Pubmed* as well as complimentary literary sources when deemed pertinent.

Results: Described as a defensive reaction that is expressed as a cognitive, emotional and behavioural response to a perceived threat, jealousy has been discussed in various arenas of thought ranging from evolutionary psychology to philosophy to psychiatry to representation in the arts. It is a difficult term to define as it is a feeling expressed through diverse emotions and behaviours originating from various contexts as well as varying in its intensity. The

literature demonstrates that jealousy can exist as an adaptive response, with evolutionary explanations, to a psychopathological expression either as obsessive jealousy or morbid jealousy, also known as Othello's Syndrome. Each carries its own particularities in terms of expression, clinical significance and intervention. The more often described delusional jealousy, is characterized by the presence of strong, false beliefs that the partner is unfaithful, whereas obsessive jealousy, less commonly described, presents with unpleasant, ego-dystonic and irrational jealous ruminations that the partner could be unfaithful. These thoughts are often accompanied by compulsive verification of the partners' behaviour. Treatment interventions in these cases are varied and present implications in prognosis.

Conclusions: Jealousy is a complex emotional state and has been described as part of the universal human experience, with research indicating its existence across various cultures. The expression of this emotional experience as well as its potential manifestation types should be taken into consideration by the mental health practitioner when carrying out an evaluation, as treatment interventions and prognosis may vary depending on the presentation.

Disclosure of Interest: None Declared

EPV0825

Is physical activity related to a reduction in the severity of borderline personality disorder through less severe insomnia disorder?

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doi: 10.1192/j.eurpsy.2023.2129

Introduction: Borderline personality disorder (BPD) is associated with severe suffering and insomnia disorder (ID) (Fertuck et al., 2016; Galbiati et al., 2020).

Objectives: The aim was to investigate the negative association between self-reported physical activity (PA) and the severity of BPD with ID acting as a mediator (St-Amour et al., 2021).

Methods: The role of ID within the association of PA with BPD was tested using mediation analysis with the statistical program R 4.3 (N = 120; RStudio Team, 2020).

Results:

Table 1 Mediation analysis results

	β	se	t	p	LLCI	ULCI
Effect a	0.07	0.05	1.46	0.15	-0.03	0.17
Effect b	0.41	0.09	4.60	< 0.001	0.23	0.59
Effect c	0.11	0.05	2.16	0.03	0.01	0.21
Effect c'	0.08	0.05	1.70	0.09	-0.01	0.17

Note: β = beta coefficients; se = standard error; t = t-value; p = p-value; LLCI = lower limit confidence interval; ULCI = upper limit confidence interval. Effect c': The association within the mediation analysis is not significant ($\beta = 0.08$, se = 0.05, p = 0.09). Effect a: PA is not significantly associated with ID ($\beta = 0.07$, se = 0.05, p = 0.15). Effect b and c: ID ($\beta = 0.41$, se = 0.09, p < 0.001) and PA ($\beta = 0.11$, se = 0.05, p = 0.03) are significantly associated with the severity of BPD.

Image:

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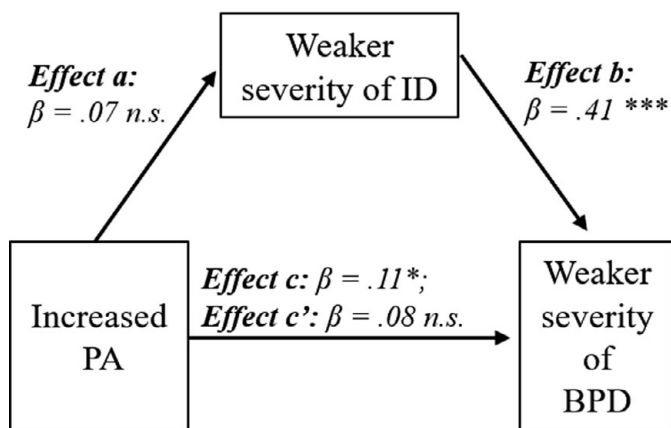


Figure 1 Hypothesized mediation model for direct effects a and b, total effect c and indirect effect c'. Beta coefficients = β ; * $p < .05$; ** $p < .01$; *** $p < .001$; n.s.: not significant

Conclusions: Accordingly, ID does not appear to affect the association of PA and BPD severity whereas fewer PA and severe ID can nonetheless have a positive association with the symptoms of BPD in independent ways.

Disclosure of Interest: None Declared

EPV0826

Prodromal stage and clinical features of late-onset schizophrenia and schizophrenia-like psychosis

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doi: 10.1192/j.eurpsy.2023.2130

Introduction: The early diagnostic of schizophrenia and other psychosis is very important for the early therapeutic interventions. **Objectives:** The aim is to describe the connection between the prodromal stage of psychosis and clinical features.

Methods: 74 patients with late-onset psychosis (mean age $64,33 \pm 9$, 2 male; age of onset $55,3 \pm 11,2$): late-onset schizophrenia (LOS) ($n=49$, mean age $63,0 \pm 8,47$, age of onset $53,9 \pm 9,56$), late-onset schizoaffective disorder (LOSaD) ($n=17$, mean age $62,4 \pm 6,5$, age of

onset $54,6 \pm 10,6$, 2 male), late onset delusion disorder (LODD) ($n=8$, mean age $76,6 \pm 4,3$, age of onset $65,2 \pm 17,0$). Psychopathological, statistical methods were applied.

Results: Allocated 4 types of prodromal stage – 1st without psychopathological signs ($n=24$, 33%), 2nd – with affective signs like disturbances of mood, anxiety ($n=18$, 24%), 3rd – with paranoid signs like acute stress-related paranoid reactions without medication; 4th – with schizoid signs with overvaluated ideas. In the 1st group next syndromes prevailed: with secondary persecutory mood-congruent delusions ($n=10$, 41,7%); with auditory second-person pseudohallucinations with systematized persecutory delusions ($n=9$, 37,5%); with only systematized persecutory delusions ($n=1$, 4,1%); with bizarre delusions ($n=3$, 12,5%) and with polymorphic symptoms, include different hallucinations, catatonia disorders and with some oneiroid state signs ($n=1$, 4,1%). In this group 9 patients were diagnosed with LOS (37,5%); 12 patients with LOSaD (50%) and 3 patients with LODD (12,5%). The 2nd group was presented with auditory second-person pseudohallucinations with systematized persecutory delusions ($n=5$, 27,7%), with secondary persecutory delusions with delusion mood ($n=11$, 61%), with systemized persecutory delusional - 5.5% ($n=1$) and with catatonia ($n=1$, 5,5%). In this group 12 patients were diagnosed with LOS (66%), 5 patients with LOSaD (28%) and 1 patient with LODD (5.5%). In the 3rd group these syndromes prevailed: with auditory second-person pseudohallucinations with systematized persecutory delusions ($n=7$, 63%), with secondary persecutory delusions with delusion mood - in 2 cases (18.2%), with bizarre delusions - in 2 cases (18.2%). 12 patients were diagnosed with LOS ($n=10,91\%$) and 1 patient with LODD (1.9%). The 4th group was presented with auditory second-person pseudohallucinations with systematized persecutory delusions ($n=5$, 23.8%), with secondary persecutory delusions with delusion mood ($n=3$, 14.3%), with bizarre delusions ($n=6$, 28.6%), with systemized persecutory delusions ($n=1$, 4.7%), with catatonia ($n=2$, 9.5%) and with polymorphic symptoms ($n=4$, 20%). 18 patients were diagnosed with LOS (85.7%) and 3 patients - with LODD (14.3%).

Conclusions: There are different types of prodromal stage in late-onset psychosis that concluded with clinical features.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPV0827

THE POSSIBILITY OF THE EVOLUTION OF NEUROLEPTIC MALIGNANT SYNDROME DURING THE CONCOMITANT USE OF CLOZAPINE WITH LITHIUM SALTS

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doi: 10.1192/j.eurpsy.2023.2131

Introduction: The neuroleptic malignant syndrome is a rare but potentially the most dangerous complication of neuroleptic use. The first descriptions of this disorder were given by Delay and colleagues in the 1960s, calling it “hypertonic akinetic syndrome”